



APPLICATION FOR EMPLOYMENT

An incomplete application could mean that you may not be considered for employment.

102 SECOND STREET, ENCINITAS, CA 92024
PH (760) 634-5134 FAX (760) 634-2415

Applicants are considered for all positions without regard to race, color, religion and national origin, age, marital or veteran status, disability, or sexual orientation.

(Please Print)	Date of Application _____			
Position(s) Applied for _____	Pay Expected _____			
Referral Source:	Advertisement	Friend	Relative	Walk-in
	Employment Agency	Other		

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Telephone: _____ Social Security Number _____

Are you 18 years of age or older? YES NO If not, employment is subject to verification of minimum legal age.

Have you filed an application here before? YES NO If yes, give date _____

Have you been employed here before? YES NO If yes, give date _____

Are you employed now? YES NO May we contact your present employer? YES NO

If hired, can you provide legal proof of your legal right to work in the United States? YES NO

On What date would you be available to work? _____

Are you available to work Full Time Overtime

Have you had any prior injuries or illnesses? YES NO If yes, please describe in full.

EDUCATION:

SCHOOL	NAME & LOCATION	COURSE OF STUDY	# YEARS COMPLETED	DID GRADUATE?	DEGREE OR DIPLOMA
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER					

EMPLOYMENT HISTORY:

Please give accurate and complete full-time and part-time employment record.
Start with present or most recent employer.

Company Name:	Telephone: ()
Address:	Employed: (month & year) from _____ to _____
Name of Supervisor:	Weekly Pay: Start _____ Last _____
State Job Title and Describe your work:	Reason for Leaving:

Company Name:	Telephone: ()
Address:	Employed: (month & year) from _____ to _____
Name of Supervisor:	Weekly Pay: Start _____ Last _____
State Job Title and Describe your work:	Reason for Leaving:

Company Name:	Telephone: ()
Address:	Employed: (month & year) from _____ to _____
Name of Supervisor:	Weekly Pay: Start _____ Last _____
State Job Title and Describe your work:	Reason for Leaving:

REFERENCES:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.

2.

3.

APPLICANT'S STATEMENT

I certify that all answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that all employment with Burtech Pipeline is at-will and that either I or Burtech Pipeline can terminate the employment relationship at any time, with or without notice, and with or without cause. I also understand that any offer of employment may be contingent on passing a drug and alcohol screening.

Signature of Applicant

Date